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ABSTRACT

This paper reports to two experiments designed to develop a behavioral procedure to teach young children emergency dialing skills. Experiment 1 evaluated the effects of a behavioral procedure administered by the classroom teachers. In the classrooms training focused upon making phone calls in emergency situations. Six steps in emergency dialing were taught to young children in a period ranging from 7 to 15 days. Three conditions were compared: behavioral training, teacher-devised training, and no training. The conditions were administered to six classes at two different schools. The subjects were 33 males and 27 female children (mean age = 5 years, 1 month; range = 3 years to 6 years). The behavioral training program led to significantly greater improvements in emergency dialing skills when compared to teacher-devised and no-training conditions. Experiment 2 examined a discrimination training procedure with selected subjects from Experiment 1 to ensure that the children not only knew how to make the emergency phone calls but also knew when to make them, i.e., under what conditions. Training on when to make emergency telephone calls was provided over a 30-day period. In a multiple-baseline design across children, training improved performance in discriminating when to make the phone calls. While the results do not necessarily reflect changes in overt behavior outside of the context of training, this study demonstrates the effects of behavioral intervention on young children's emergency dialing. (Author/RH)

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Teaching Children How and When to Make Emergency Telephone Calls

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Abstract

The present study developed a behavioral procedure to teach young children emergency dialing skills. Experiment 1 evaluated the effects of a behavioral procedure administered by the classroom teachers. In the classrooms, training focused upon making phone calls in emergency situations. Three conditions were compared: behavioral training, teacher-devised training, and no training. The conditions were administered to six classes at two different schools. The behavioral training program led to significantly greater improvements in emergency dialing skills relative to teacher-devised and no-training conditions. Experiment 2 examined a discrimination training procedure with selected subjects from Experiment 1 to ensure that the children not only knew how to make the emergency phone calls but also knew when to make them, i.e., under what conditions. In a multiple-baseline design across children, training improved performance in discriminating when to make the phone calls.

Teaching Children How and When to Make Emergency Telephone Calls

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The annual losses of life and property as a result of fire in the United States is overwhelming. An estimated 12,000 deaths, 300,000 injuries, and 1,000,000 buildings burned occur annually (National Fire Protection Association, 1975). The National Fire Association and the Bell Telephone Company have recently become concerned with telephone use to arrest fire and other emergencies. Several booklets and instructional materials have been published toward this end (National Fire Protection Association, 1975; Project Telepac, 1976; Telezonia, 1975). However, little data exist that attest to the ability of individuals, especially children, to utilize the telephone for fire and other types of emergencies. The focus on children seems particularly important since they are regarded as a cause of fires in a large percentage of cases (National Fire Protection Association, 1975).

Occasionally, investigations have reported training children to use the telephone (e.g., Leff, 1974, 1975). However, specific programs directed at emergency telephone dialing rarely have been reported (Jones, in press). Fire and telephone officials, teachers, and parents may assume that adequate mastery of emergency dialing will be obtained without specific training procedure or that adults rather than children usually will be available to make the necessary call in case of an emergency.

The purpose of the present study was to develop and examine the effectiveness of a behavioral program designed to train young children in emergency telephone dialing skills. The task requirements of emergency telephone dialing were ascertained, and a training program was developed that could be implemented by teachers as part of the everyday classroom activities. Children were trained in the classroom to perform the sequence of responses required to place emergency calls.

EXPERIMENT 1

The first experiment was designed to evaluate a behavioral training program to develop emergency dialing skills. The program consisted of a treatment package involving modeling, practice, feedback, prompts, rehearsal, and tangible reinforcement. Possibly, emergency dialing skills could be trained by merely instructing teachers to focus on the requisite emergency dialing skills and to conduct training independently of a specific behavioral training regimen. Hence, behavioral training was compared to teacher-devised training, where specific periods were set aside for training and focused upon the requisite skills. A no-training group was included in the design to control for changes resulting over time and for repeated assessment of the target skills.

Method

Participants and Settings

The subjects were 33 male and 27 female children (mean age = 5 years, 1 month; range = 3 years to 6 years) who lived in Pittsburgh, Pennsylvania and were enrolled in one of two elementary schools. Three classrooms in each school were chosen, based on teacher interest, for a total of six classrooms.

Content Validation

Content validation of the behavioral task necessary for carrying out telephone skills was adopted from a previous investigation (see Jones in press) in which information was obtained from Bell Telephone, fire prevention officials, specialists in child development, and parents. The following steps were taken to achieve this goal:

1. Initial contact with fire officials from a city fire department was made to determine what information was necessary for young children to obtain help in cases of fire. The steps that were offered included: responding to parents' instructions in the emergency situation, approaching the telephone, dialing "0," reporting the emergency, giving full name and address, and hanging up the receiver.

2. A 4-year-old child, capable of making the desired emergency call, was observed carrying out this skill. All observations were recorded by three observers to specify each behavioral step. Following several observations, the chain of required responses was objectively defined and converted into a checklist.

3. This checklist was then given to two specialists in child development, as well as to consultants from Bell Telephone and the National Fire Protection Association whose function was to provide children in classroom settings with information and instruments to learn emergency skills. Three parents with both preschool and primary grade school children were also asked for their feedback and approval. Following their suggestions and modifications, a second test sheet was composed, and two pilot subjects, ages 4 and 5, were tested to insure appropriateness of the checklist skills for the target population.

The major goal of this instrument was to assess each child's ability to: (a) follow instructions during emergency situations, (b) approach the telephone, (c) dial the operator, (d) report the emergency, (e) provide name and full address, and (f) hang up the receiver. Each of the six sequential steps were necessary to meet the criterion of proper emergency dialing. Individual components of the target behavior were used as a guide during training.

Assessment

A checklist of skills needed to make emergency telephone calls was used to evaluate training. Prior to training each subject was assessed individually. Assessment was designed to assess each child's ability to make an emergency telephone call (emergency dialing). The emergency dialing component required each subject to make an emergency phone call and to provide relevant information to the operator. Six discrete steps comprised the task and included: responding to the instructions, identifying and approaching the telepohne, dialing zero, providing emergency information, providing the full name and address, and hanging up the receiver. During assessment, responses were scored as correct, incorrect, or "no response."[1] Time intervals of 10 seconds were alotted for the children to respond to each request. Following each response, whether correct or incorrect, the experimenter said "OK."

Subjects were assessed individually by four undergraduate psychology majors. A 2-week training session was held to teach experimenters to carry out the testing procedure and included nine 45-minute training sessions. Testing took place in a small room in the building of each school. The experimenter and the child were seated at opposite sides of a desk. Two 10- to 15-minute testing sessions (pre-post) were held

for each subject. The posttest was administered approximately 4 weeks after the pretest. Again, subjects were randomly assigned to experimenters.

Reliability of Observation

All testing sessions were audio-taped. Reliability ratings were carried out by one undergraduate and one graduate student, who served as independent raters. Reliability was computed by dividing agreements of observations (on occurrences) between observers by agreements plus disagreements and multiplying by 100 to calculate a percentage. Reliability, obtained across all 60 children, attained a mean of 98%. Additionally, direct observation of 10 (16.7%) subjects during the sessions led to a reliability coefficient of 93% for occurrences of the responses.

Experimental Design

A pretest-posttest control-group design (Campbell & Stanley, 1966) was employed to evaluate treatment. The pretest was administered to 65 children from six classrooms assigned randomly to one of the four experimenters. After the pretest was completed, subjects with a total score of four or more on the emergency dialing variables (n = 6) were excluded from further participation in the study. One subject scored above four on the pretest and five subjects either moved or were absent too frequently (five days or more) to be included.

Training Conditions

One of the three classes within each of the two schools was assigned to either behavioral training, teacher-devised training, or a no-training control condition. For the behavioral training and teacher-devised methods, training was conducted in daily group sessions over a period of approximately 4 weeks. The sessions were conducted during the morning in each class by the classroom teacher.

Behavioral Training. This method included instructions, modeling, prompting, remediation, feedback, review, and reinforcement. Training was conducted as subjects worked on a teletrainer, a simulated telephone apparatus that allows one person to serve as an operator while another person calls. Training was carried out sequentially on the following tasks: dialing the operator, reciting the name and address, and providing emergency information. Each of these tasks was divided into separate components. The individual components included dialing "0," listening for the operator, reciting first name, last name, house number, street address, city, and providing emergency information, and hanging up the receiver. Training proceeded by developing individual responses and then developing the entire sequence of behaviors involved in initiating and completing the emergency phone calls.

To teach children to respond to emergency instructions, the teacher and students played the role of a parent giving instructions to contact emergency agencies (fire, police, and ambulance). Emergency situations included such stimuli as yelling "fire" and pretending to be disabled by an accident. Training was conducted in a group situation, but children practiced individually. Reinforcers provided for correct completion of the individual response components and eventually the sequence of desired behaviors consisted of M & M's and raisins.

Teacher-Devised Method. This method was conducted in a generally similar fashion as the behavioral training method. Teachers met daily with their students for the purpose of teaching them how to make emergency telephone calls. Teachers were instructed to teach the children how to dial the operator, how to respond to emergency situations by calling, how to contact the operator, and how to provide the relevant information.

Teachers were encouraged to conduct training in any way they wished as long as they focused on the relevant skills mentioned above. Specific behavioral techniques were not encouraged or discouraged. Bi-weekly checks were made to ensure that training sessions were being held. In training, teachers had access to telephone equipment, including simulated and real telephones.

No-Training Control. The classroom teachers for no-training control groups were told that their students would be assessed for telephone skills during the school year. A 4-week period was allowed to elapse between pre- and post-testing, as with the other groups, but without intervening training experiences.

Results

Preliminary Analyses

Preliminary analyses of variance of pretreatment performance of the emergency dialing skills revealed no significant differences as a function of treatment conditions or subject gender. However, at pretreatment students from the different schools differed slightly in their ability to perform the dialing tasks ($F_{(1,58)} = 4.43$, $p < .05$). Although subjects from one school had a higher mean level of performance than did subjects at the other school ($M = 2.7$ vs $M = 1.8$), mean performance of both groups indicated the absence of the requisite skills prior to treatment. Because subjects from each school were included in each treatment condition, different performance levels associated with the schools would not differentially bias treatment effects. At posttreatment girls tended to perform better than boys, ($p < .10$). However, subject gender did not interact with treatment conditions so that the major results, discussed below, were not differentially applicable to girls rather than boys.

Treatment Effects

The effects of training were evaluated with an analysis of covariance that compared the three conditions, using pretreatment performance as the ovariate. Significant group differences were obtained ($F_{(2,56)} = 34.27$. $p < .001$). The means for each of the groups, plotted in Figure 1, were compared using the Tukey's Wholly Significant Different Test, a more conservative multiple-comparison technique recommended for unequal sample sizes (Games & Howell, 1976). Multiple-comparisons revealed that the behavioral training condition led to significantly higher levels of emergency dialing skills than did the teacher-devised training and no-trainin conditions ($p < .05$). Although the teacher-devised training was superior to no training at all, this difference did not attain significance. In addition, within-group t tests from pre- to posttreatment demonstrated that the behavioral training group ($t_{(17)} = 7.43$, $p < .001$) and the teacher-devised training group ($t_{(22)} = 3.62$, $p < .01$) improved in emergency dialing skills whereas the no-training group did not ($t_{(18)} = < 1$).

Insert Figure 1 About Here

Discussion

The results indicated that a behavioral training program conducted in the classroom effectively developed correct emergency dialing skills. Although the procedures that teachers devised on their own led to improvements in performance, the magnitude of the improvements was not up to the level achieved with behavioral training. The behavioral training and teacher-devised methods were conducted for approximately the same amount of time and with similar apparatus. Hence, from a practical standpoint,

the procedures would not seem to differ markedly from each other in terms of the tasks administered by the teacher. However, the multifaceted behavioral training procedure apparently accomplished considerably more in developing emergency dialing skills.

EXPERIMENT 2

The first experiment demonstrated that young children can be taught to place emergency phone calls. In addition to knowing how to place emergency phone calls, it is extremely important for children to be able to identify the conditions under which such calls should be made. Previous work has shown that even though children report they know when to perform their newly trained emergency phone skills, objective assessment does not support their reports (Jones, in press). The present investigation trained children to discriminate the situations in which emergency dialing should be made.

Method

Participants, Setting, and Experimenters

The subjects were 10 children from one of the classrooms that participated in behavioral training. Subjects were initially screened to assess whether they made appropriate discriminations in making emergency phone calls. Three subjects who made appropriate discriminations, as defined below, were excluded; another subject no longer ateended the school and was excluded. The remaining subjects included three girls and three boys who ranged in age from 3 to 4 years old (mean age = 4 yr., 1 mo.). All baseline and training sessions were conducted at the school on a separate room near the student's classroom.

One graduate student and three undergraduate students served as

experimenters. All students were trained over a 3-week period. Modeling, role playing, and feedback strategies were employed to teach each experimenter how to carry out the training procedure. In addition, all experimenters held actual practice sessions, where 10 subjects were used as pilot subjects. All experimenters demonstrated full mastery of the training procedure at the end of the training period.

Assessment

To assess the ability of children to discriminate when to make an emergency phone call, pictures were presented to each child throughout the course of the project. Thirty pictures used for training and assessment purposes depicted either emergency or nonemergency scenes in or near the home. Specifically, 10 pictures depicted fire scenes (e.g., kitchen stove or couch on fire), and 10 pictures depicted accidents related to injuries that warranted emergency assistance (e.g., child cutting him-or herself or falling down the stairs). Ten additional scenes depicted neutral situations (e.g., child sitting down reading a book or lying in bed) which, of course, did not warrant emergency dialing.

During initial pilot work with the scenes, each picture was presented to 23 children, ranging from 4 to 6 years of age. The purpose of this initial work was to select scenes that peers of the subjects in this study could readily discriminate. Pictures that subjects were able to discriminate correctly (correct responses at least 66% of the time) were retained while other scenes were replaced. Of the original 30 scenes, 13 met this criterion and therefore were retained. Those scenes which did not reach criterion were repleaed. Those scenes which had been idenfitifed correctly were used as models for these replacements in terms of the simplicity, use

of bright colors, and location of the incident to facilitate mastery. During each training session subjects were individually taught the correct identification of each scene, as detailed below.

The six subjects of the present study were tested individually for all 30 scenes depicting emergency fire, emergency injury, and neutral situations. The three types of scenes were presented in a random order each day. Children received the following instructions:

> I am going to show you some pictures with something happening in them. When you see what is happening, I want you to make believe you are in your house and tell me who you would call--the fire truck, the doctor, or no one. When I show you the picture, tell me who you should call. OK? What are you going to tell me when I show you a picture? After making sure that the child understood, the experimenter presented the pictures individually and asked, "You're in your house, and you see this. Who would you call?" The experimenter gave the answers (fire truck, doctor, and no one) in a pre-determined, random order as a cue for subjects until the child understood the procedure. All responses were followed by a simple "OK" from the experimenter. Subjects were allotted 10 sec. to respond to each question.

Experimental Conditions

A multiple-baseline design was used to evaluate the effects of training on the children's ability to decide when to make emergency phone calls. Training was introduced at different points in time across children. All subjects were trained individually during daily sessions lasting between 7 and 15 minutes.

Baseline. During baseline, subjects were tested individually each day on the three types of scenes, randomly ordered for each testing. Antecedent and consequent events that might systematically develop correct discrimination were not administered during this phase.

Training. At the beginning of each training session, each child was given a pretest where all 30 pictures were randomly presented as they had been during baseline. Following this procedure, the experiment taught the subject the correct identification of one type of scene. For example, if scenes depicting fire were to be trained, the experimenter would point to several fire scenes and say, "When we see fires like this, we call the firetruck. The firetruck brings water and puts the fire out. Now here are some pictures with fires in them." The child was then shown each scene individually and asked, "Can you tell me what's on fire?" Following this procedure, the training session began.

During training, the subject was told, "Now, when we see fires, we should call the firetruck so that the fire can be put out." Each of 10 fire pictures (or injury scenes) was individually presented and the subject was asked, "What should you do when you see this?" The correct answer, "Call the firetruck" (or "Call the Doctor"), was immediately followed by praise and an edible reinforcer. All incorrect responses were followed by the word "No" and an explanation as to why the response was incorrect. The desired response was modeled by the experimenter. Subjects were then given another opportunity to make the correct response. If the desired response was given, reinforcement was administered. If the desired behavior was not emitted, additional trials were given. Following the presentation of all 10 scenes, these pictures were placed back into the pile with the other 20 pictures, and a posttest was administered. Criterion for

mastery was 70% (or more) of the responses correct on 3 successive days.

For those subjects failing to progress, the method was modified. This method differed from the original method in that, during both the pre- and posttests, the scene being trained (fire or injury) was shown first. Also, during training, subjects were given a second trial on each picture and asked to respond to the question used during actual testing (i.e., "You're in your house, and you see this. Who would you call?"). Subjects were asked (on the second trial) to answer questions such as: "Are you sure?", "Why not call the (another choice)?", or "Why would you call (child's answer)?". They were led to say something similar to "There is a fire, so I would call the firetruck." and point to the fire or injury.

Results and Discussion

The effects of training were evaluated by the percentage of correct responses to the situations requiring emergency dialing. The materials presented to subjects in baseline and training phases included fire, injury, and neutral scenes. The effects of training are clear from examination of the specific fire and injury scenes focused upon in training.

Three subjects who failed to discriminate fire scenes correctly received training, introduced in a multiple-baseline fashion. As evident in Figure 2, each child increased in correct discrimination when training was introduced. Baseline means for children 1, 2, and 3 were 26, 10, and 9.3 percent correct responses to the fire scenes, respectively. With training, each child increased, showing means of 50.3, 65.7, and 34 percent, respectively. Training was terminated when three successive days of responding at the 70 percent level or higher were obtained. (In the case of child 3, the child's relocation precluded continuation in the program).

Insert Figures 2 and 3 About Here

For the remaining children, who were trained on injury scenes, the results were similar (see Figure 3). The baseline means for children 4, 5, and 6 were 17.5, 0, and 6.2 percent, respectively. After training, the means increased to 42.1, 56.4, and 59 percent, respectively. For children 5 and 6, the effects of training followed the expected pattern for a multiple-baseline design, whereas training effects appeared delayed for child 4. However, the general pattern for injury scenes as well as for fire scenes suggests that behavior changes were a function of the training procedure. Systematic increases in behavior were not evident without training, and training was associated with improvements for each of the children. In the second experiment, children who previously had been trained in the emergency phone dialing skills received training in when to make the calls. The results indicated that individual training effectively developed correct responses to situations requiring emergency calls.

General Discussion

The major results of the two experiments are that: 1. behavioral training in the classroom effectively developed emergency phone dialing skills, 2. behavioral treatment surpassed teacher-devised training methods which were designed to alter the desired target behaviors and were conducted over the same time period, and 3. discrimination training developed the skills for correctly identifying situations in which the phone calls should be placed.

The behavioral training program was very effective in developing the target behaviors. An advantage of the procedure is that it can be readily implemented in the classroom. In using the procedure in the classroom, it might be useful to monitor teacher behavior to ensure that the program is conducted as intended. Problems pertaining to implementation of the program arose during Experiment 1. Although the behavioral training program was implemented in two different classrooms, the programs differed in important ways. The behavioral components of each of the classroom procedures were identical. However, administrative constraints and unexpected differential rates of absenteeism across the two behavioral training classrooms led to modifications in one of the groups. Subjects in this group were taught in a larger group than were children in the same condition at the other school. Additionally, the teacher of the former behavioral group felt that it was unnecessary for subjects to include the name of the city with their addresses, which led to a one point loss in each subject's total score for emergency dialing. Notwithstanding these differences, significant gains were noted by both groups when comparing pre and post scores, hence demonstrating the effectiveness of the behavioral procedure.

Even though subjects in the teacher-devised groups did receive training on the emergency dialing skill, the low scores recorded reflect, at least in part, subjects' inability to carry out the emergency dialing skill in the correct sequential fashion. The lack of consistent reinforcement schedule, systematic feedback to subjects, and presentation of skill in a sequential fashion may have also contributed to subjects' low performance.

The results obtained from Experiment 2 demonstrated the effectiveness of the discrimination procedure which was used to teach subjects proper dialing cues. Knowing when to make an emergency telephone call may be just

as important as knowing how to make the call. As suggested in the present report, these skills do not necessarily go hand in hand. Both need to be included in training.

Based on the limited amount of time and expense involved in teaching emergency dialing skills, it would appear that a behavioral procedure is applicable to most classrooms. Six steps in emergency dialing were taught to young children over a period ranging from 7 to 15 days. Also, training on when to make emergency telephone calls was provided over a 30-day period. This study indicated that a relatively straightforward reinforcement system, using instructions, modeling, prompting, feedback, tangible reinforcement, and a teletrainer was effective in markedly increasing behavioral telephone skills. The social significance of emergency dialing skills further points to the importance of teaching such skills. It is hoped that these findings will provide further incentive for telephone communication systems, fire prevention agencies, and educators, to include such programs in young children's classroom settings.

Several questions remain unanswered by the present investigations. First, the overall training packages included multiple components such as modeling, feedback, prompts, reinforcement, and practice. It may be of interest to identify necessary and sufficient conditions to acquire the responses. The present experiments were simply directed at the development of children's ability to carry out emergency dialing since this preliminary goal has not been approached systematically, with few exceptions (Jones, in press). Future work might examine the components of training that account for change or that can be altered to enhance training effects. Second, the present experiments did not include <u>in vivo</u> behavioral tests to evaluate whether training accomplished the desired goals. It is possible

that training did not alter behavior in the children's home situation, the focus of training. For obvious ethical and practical reasons, it is difficult to stage actual emergencies involving either fires or physical injury. Hence, the present report does not necessarily reflect changes in overt behavior outside of the context of training. Notwithstanding these drawbacks, this study demonstrated the effects of behavioral intervention on young children's emergency dialing.

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Footnotes

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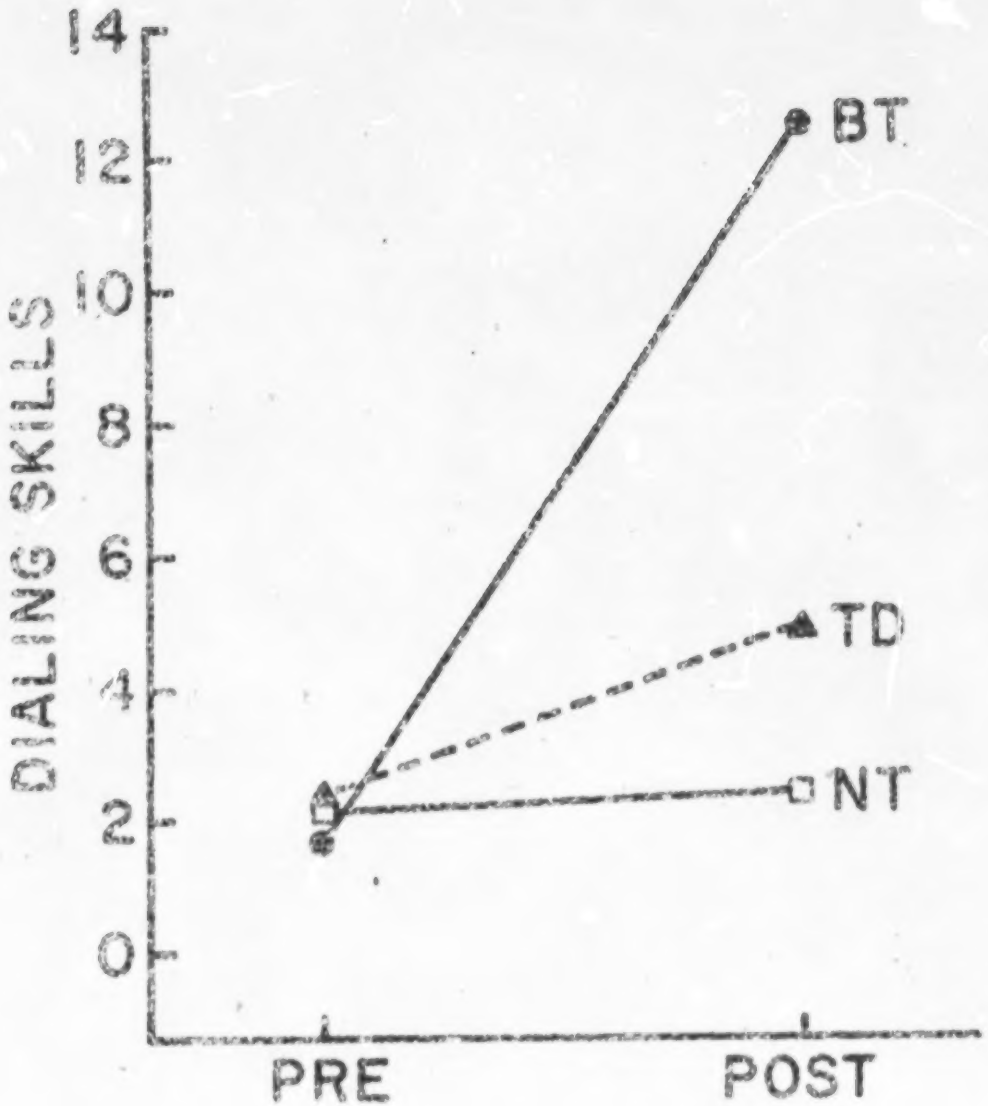
[1]Detailed information pertaiinng to the scoring of emergency dialing skills can be obtained from the first author.

Figure Captions

Figure 1 Mean performance of emergency dialing skills for behavioral training (BT), teacher-devised training (TD), and no-training (NT) groups.

Figure 2 Mean performance of correct discrimination responses for children 1, 2, and 3 for the emergency fire scenes. (Missing data points denote absences on the part of the child.)

Figure 3 Mean performance of correct discrimination of responses for children 4, 5, and 6 for the emergency injury scenes. (Missing data points denote absences on the part of the child.)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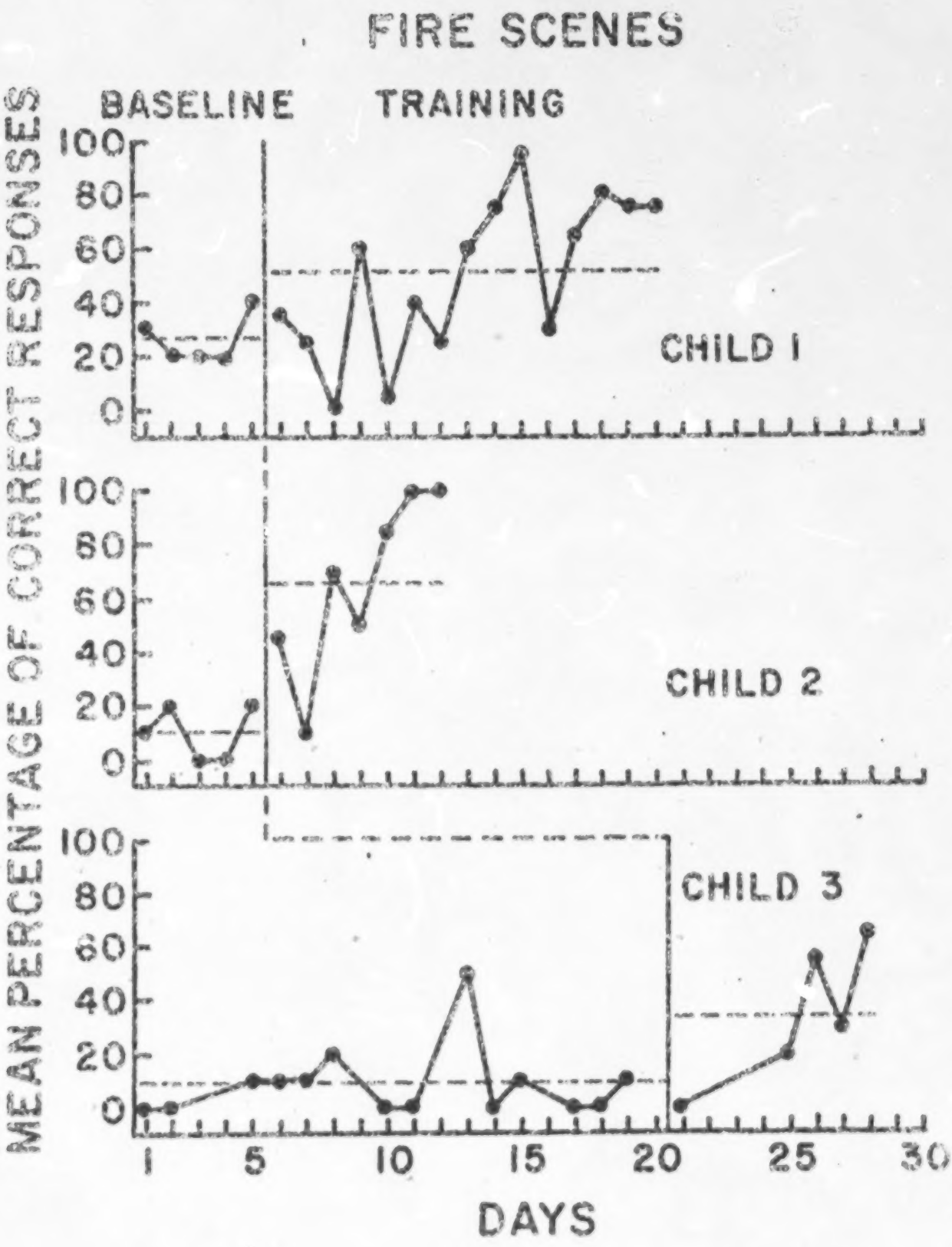
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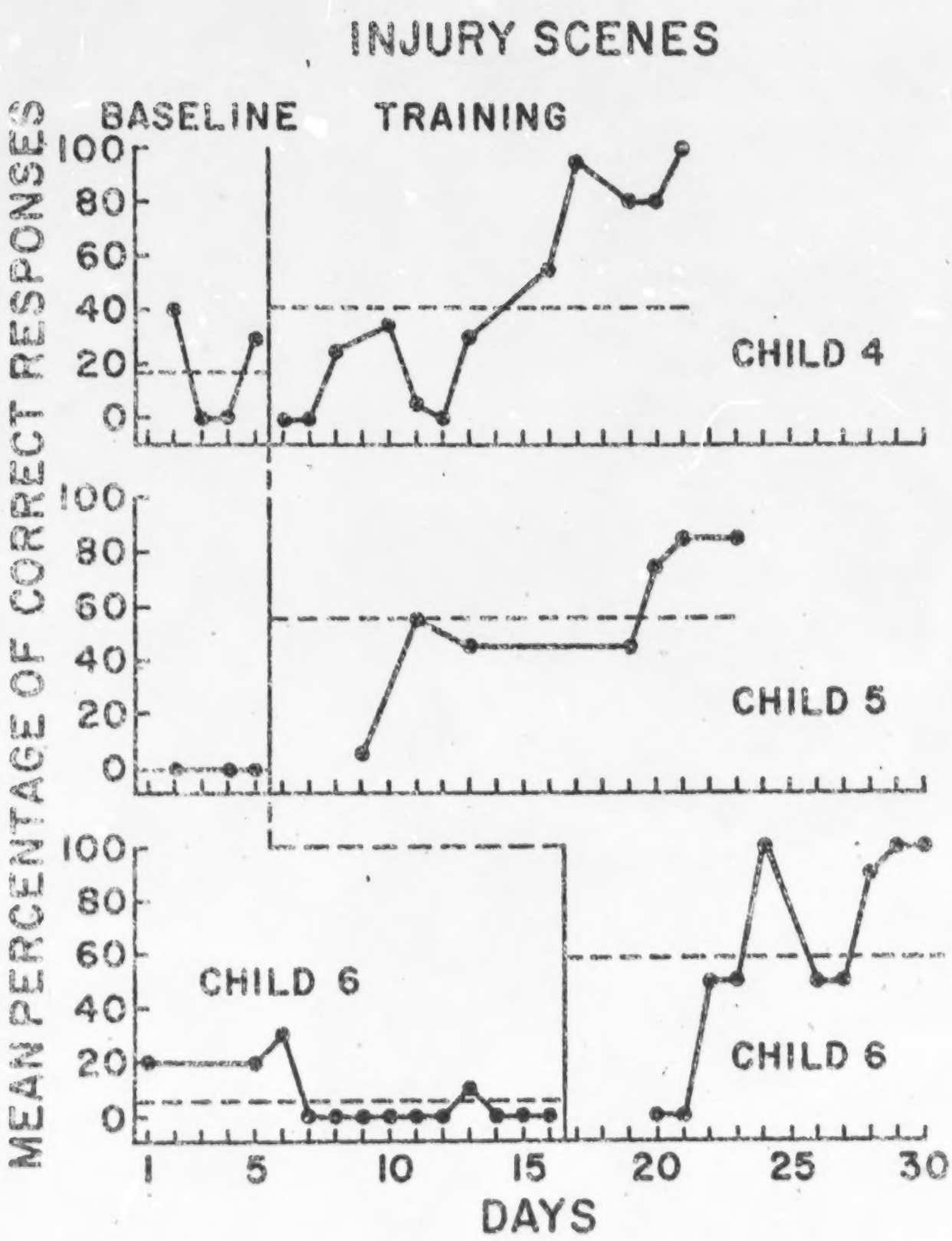
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